

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51						
2		/					52						
3							53						
4							54						
5							55						
6		/					56						
7							57						
8		/					58						
9							59						
10		/					60						
11	/						61						
12		/					62						
13							63						
14							64						
15							65						
16							66						
17							67						
18	/						68						
19		/					69						
20							70						
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23	/						73						
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29	/						79						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	60						TOTAL IND.						
TOTAL DEP.	24	←	↓	←	↓	←	TOTAL DEP.	↓	←	↓			
TOTAL CLAIMS	90						TOTAL CLAIMS						

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